



Lake Hospital  
System

CERTIFICATION OF HOSPITAL RECORDS

PATIENT NAME: Joseph Coxon

CASE NO:

Lake West Hospital  
36000 Euclid Ave.  
Willoughby, OH  
44094-4662  
(440) 953-9600

TO: Cefaratti Record Retrieval  
4608 St. Clair Ave.  
Cleveland, Ohio 44103

Lake East Hospital  
10 East Washington St.  
Painesville, OH  
44077-3472  
(440) 354-2400

Mentor Medical Campus  
9485 Mentor Ave.  
Mentor, OH  
44060-4554  
(440) 974-6800

Madison Medical Campus  
6270 N. Ridge Rd.  
Madison, OH  
44057-2581  
(440) 428-6800

Chardon Medical Campus  
510 Fifth Avenue  
Chardon, OH  
44024  
(440) 286-8908

Rehabilitation and Wellness  
6000 Heisley Rd.  
Mentor, OH  
44060-1836  
(440) 352-1200

Home Health  
10 East Washington St.  
Painesville, OH  
44077-3472  
(440) 639-0900

Tyler Boulevard  
7956 Tyler Blvd.  
Mentor, OH  
44060-4806  
(440) 255-6400

Willowick  
30498 Lake Shore Blvd.  
Willowick, OH  
44095-4623  
(440) 585-3322

www.LHS.net

I, Maureen Smith, hereby certify that I am the  
custodian of Medical Records at Lake Hospital Systems,  
Inc. WEST, and I further certify that the attached  
records are true and accurate copies of the original  
records of Joseph Coxon, a patient at  
Lake West Hospital. I further certify that these  
records were made at the times indicated on these  
records by the personnel indicated on these records for  
the time period 12/05/01 to 09/03/04, and that  
these records were made and kept in the usual course of  
business at this hospital.

02/24/09  
DATE

State of Ohio )

County of Lake )

Subscribed to and sworn before me on this 24th of

February, 2009.

(SEAL)

Maureen Smith  
SUPERVISOR OF MEDICAL RECORDS

Deborah K. Rydzinski  
NOTARY PUBLIC

DEBORAH K. RYDZINSKI  
Notary Public, State of Ohio  
My Commission Expires May 19, 2009  
Recorded in Lake County

Exhibit H



09/02/1943

LAKE HOSPITAL SYSTEM, INC  
Admission Summary

Room-Pad: Dschrgd

Admit Dt: 09/02/04

Acct #: 0424600967

Admit Time: 16:35

Loc: WIL Service: MED

Unit #: 936243

Patient: COXON, JOSEPH

Cell Phone:

Street: 2260 PAR LANE

City: WILLOUGHBY HILLS State: OH Zip: 44094

Telephone: (440)487-1553

Birthdate: 10/11/75

Age 28Y SSN: 302-74-3160

Sex: M Marital: S Church:

CATHOLIC

Phone Msg: Directory: Y-INCLUDE FAC DIR

Race: 1 Adm Source: 7 Adm Type: 1

Adv Dir: NONE

Organ Donor: Y

Employer: 00428 KIRTLAND BD.OF EDUC

9152 CHILLICOTHE RD

KIRTLAND

OH

Adm Dx: EVAL

Adm Phy: 1390 SMITH, ROBERT P

Adm Com:

Att Phy: 1390 SMITH, ROBERT P

ER Phy: 1390 SMITH, ROBERT P

PC Phy:

Sur Dx:

Accident Information:

Accident Type:

\*\*\*\*\*NEAREST RELATIVE INFORMATION\*\*\*\*\*

Relative Name: COXON, CONNIE

Relationship: PARENT

Home Phone: (440)593-3063

Work Phone:

Ext:

Cell Phone:

Relative Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

\*\*\*\*\*INSURANCE INFORMATION\*\*\*\*\*

Primary Insured: COXON, JOSEPH

Relationship: PATIENT IS INSURED

Birthdate: 10/11/75

Guar Cell Phone:

Street: 2260 PAR LANE

City: WILLOUGHBY HILLS St: OH Zip: 44094

Telephone: (440)487-1553

SSN: 302-74-3160

Empl Phone: (440)256-3314

Employer: 00428 KIRTLAND BD.OF EDUC

9152 CHILLICOTHE RD KIRTLAND OH 44094

Primary Insurance: 399010 COUNTY CONTRACTS

COUNTY CONTRACTS

Group #:

Cert/SSN: 302743160

Thru: MENTOR POLICE DEPARTMENT

Verifying Agency Name:

Contact:

Cont Phone:

Mail To: MENTOR POLICE DEPARTMENT

Auth #:

Street: 8500 CIVIC CENTER DR

City: MENTOR

St: OH Zip: 44060

Benefit Phone: (440)974-5760 Ext:

Secondary Insured:

Relationship:

Birthdate:

Street:

City:

St:

Zip:

Telephone:

SSN:

Empl Phone:

Employer:

Secondary Insurance:

Group #:

Cert/SSN:

Thru:

Verifying Agency Name:

Contact:

Cont Phone:

Mail To:

Auth #:

Street:

City:

St:

Zip:

Benefit Phone:

Ext:

\*\*\*\*\*MISCELLANEOUS INFORMATION\*\*\*\*\*

Admitted By: AS

Referring Phys:

Preadmitted By: AS

Previous Discharge Date: 09/02/04 18:40

Old MR#:

Legal Disposition:

FC: MI

CRT ID: ERC

Restriction:

ROI: Yes

Privacy Notice: Yes Date: 09/02/04

Discharge Date/Time: 09/02/04 18:40

Discharged To: IMP

Discharge Dx:

Visit Check-In Areas:

WIL

Corporate ID#: 00502828

END-OF-REPORT



PRIMARY MD/DO CLINIC \_\_\_\_\_  
CHIEF COMPLAINT \_\_\_\_\_  
DATE: \_\_\_\_\_  
ALLERGIES: None \_\_\_\_\_

Room # \_\_\_\_\_ 26956.

Dictation with this chart? Yes      No     

MD/DO Signature



# LAKE HOSPITAL SYSTEM

## ER REPORT

MR#: 936243  
PAT NAME: COXON, JOSEPH  
LOC/PAT TYPE: WER.MED  
DATE: 09/02/2004

ATT PHY: ROBERT P. SMITH, M.D.  
SER:

ADDENDUM: Please refer to the primary written record.

The pt was brought to the ED in the custody of local police department. He had been involved in a minor MVA and as the officers were investigating, he became agitated and the officers became involved in an altercation where in all parties ended up being pepper sprayed and having minor musculoskeletal injuries. When EMS arrived, they noted that he was alert, but agitated. The GLU was 138.

On arrival to the ED, it is noted that he is A&O x3. The skin of the face, neck, and upper chest is red and the conjunctivae are injected as is typical w/exposure to pepper spray. He had a small abrasion and swelling on the Rt side of the scalp. Pupils were 2 to 3 mm and reactive. The neck was supple. Lungs were clear. S1 and S2 present. Abd soft and nontender. It was noted that he was very muscular. He had a small abrasion on the Rt elbow and a bruise on the Rt upper arm. There were no signs of any fx's, so x-rays were not performed. His speech was clear. His mental status was coherent and polite.

He told me that after he had left school, that he taught social studies at the fourth grade level in a local community and that he had left school today and as he was driving he was feeling a little bit sick and he was trying to drink something. He did not recall being involved in an MVA, but the next thing he knew, there were men w/guns shouting at him and he believes that he was feeling very claustrophobic and he states that he probably lost control. He states that this has never happened to him before, although he has had an occ hypoglycemic episode. While he was in the ED, his blood sugars remained stable. He has been ambulatory. His alcohol level is 0, Tox screen is completely neg, and he is showing no abn neurologic nor psychologic nor abn psychiatric conditions.

### DISCHARGE DIAGNOSES:

1. Transient altered mental status with behavior abnormality, most likely secondary to mild hypoglycemia.
2. Minor contusions to the head and right arm.
3. Pepper spray conjunctivitis and dermatitis.

Note, a call was placed to his primary and endocrinologist, Dr. Shehan, and I am told that he is not in the office today.

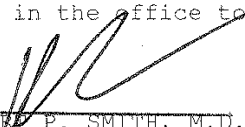
  
\_\_\_\_\_  
DICT BY: ROBERT P. SMITH, M.D.  
26956/MedQ D: 09/02/2004 18:25:45 T: 09/02/2004 18:54:36  
Account #: 0424600967

CHART COPY



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**Lake Hospital  
System**

Page 1 of 2

**EMERGENCY PHYSICIAN RECORD**

**Alleged Assault (5)**

TIME SEEN: 1635 ROOM: \_\_\_\_\_ EMS arrival  
HISTORIAN: patient spouse paramedics officers  
HX / EXAM LIMITED BY:

<b>HPI chief complaint:</b> Injury to: <u>multiple</u>															
<b>occurred:</b> <u>just</u> PTA today yesterday _____ days PTA	<b>where:</b> home school neighbor's city park work <u>street</u>														
<b>context:</b> fists kicked choking pushed/thrown down pushed/thrown against wall struck with object(s): <u>Pepper Spray</u>															
<b>location of pain/injuries:</b> <u>head</u> face mouth neck chest abdomen back upper mid- lower radiating to R/L thigh / leg	<table border="0"> <tr> <td><del>right</del></td> <td><del>left</del></td> </tr> <tr> <td>shldr hip</td> <td>shldr hip</td> </tr> <tr> <td>arm thigh</td> <td>arm thigh</td> </tr> <tr> <td><u>elbow</u> knee</td> <td>elbow knee</td> </tr> <tr> <td>f-arm leg</td> <td>f-arm leg</td> </tr> <tr> <td>wrist ankle</td> <td>wrist ankle</td> </tr> <tr> <td>hand foot</td> <td>hand foot</td> </tr> </table>	<del>right</del>	<del>left</del>	shldr hip	shldr hip	arm thigh	arm thigh	<u>elbow</u> knee	elbow knee	f-arm leg	f-arm leg	wrist ankle	wrist ankle	hand foot	hand foot
<del>right</del>	<del>left</del>														
shldr hip	shldr hip														
arm thigh	arm thigh														
<u>elbow</u> knee	elbow knee														
f-arm leg	f-arm leg														
wrist ankle	wrist ankle														
hand foot	hand foot														
<b>severity of pain:</b> <u>mild</u> moderate severe	<b>associated symptoms:</b> lost consciousness / dazed duration: _____ remembers: impact coming to hospital <u>seizure</u> <u>contusion</u>														

<b>ROS</b> <input type="checkbox"/> all systems neg except as markd <u>loss</u> feeling/power arms/legs headache double vision / hearing loss	trouble breathing / chest pain nausea / vomiting loss of bladder function skin laceration <u>abrasion</u> recent fever / illness
--	--

**SOCIAL HISTORY** recent ETOH smoker drug abuse

**PAST HISTORY** negative

Meds- none / see nurses note

Allergies- NKDA / see nurses note

Pt: COXON, JOSEPH  
Acct: 0424600967 Unit #: 936243  
BD: 10/11/75 28Y Sex: M  
Dr: ER, DOCTOR  
ADM DATE: 09/02/04 WER

☒ Nurses note reviewed ☐ Tetanus immun. UTD ☒ Vital signs reviewed

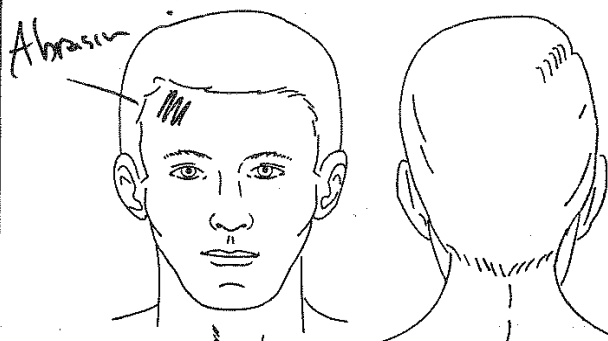
**PHYSICAL EXAM** Alert Lethargic Anxious  
Distress- NAD mild moderate severe  
Other- c-collar (PTA / in ED) back-board IV splint

**HEAD**

no evidence of trauma see diagram  
Battle's sign / Raccoon Eyes

**NECK**

non-tender see diagram  
painless ROM vertebral point-tenderness  
trachea midline muscle spasm / decreased ROM  
pain on movement of neck



**EYES**

PERRL unequal pupils R- mm L- mm  
EOMI EOM entrapment / palsy  
conjunctiva subconjunctival hemorrhage

**ENT**

external inspection hemotympanum  
no dental injury TM obscured by wax  
clotted nasal blood  
dental injury / malocclusion

**RESP & CVS**

chest non-tender see diagram (on reverse)  
breath sounds nml decreased breath sounds  
heart sounds nml wheezing / rales  
splinting / paradoxical movements

**ABDOMEN**

non-tender see diagram (on reverse)  
no organomegaly tenderness / guarding / rebound  
mass / organomegaly

**GENITAL / RECTAL**

nml genital exam perineal hematoma  
nml vaginal exam blood at urethral meatus  
nml rectal exam decreased rectal tone  
heme negative stool

**NEURO / PSYCH**

oriented x3 confusion / disorientation  
mood & affect EOM palsy / anisocoria  
CN'S nml facial asymmetry  
as tested unsteady / ataxic gait  
sensation & sensory / motor deficit  
motor nml



Reflexes



# SKIN

☐ intact  
☐ warm, dry

# BACK

☒ no CVA  
tenderness  
☒ no vertebral  
tenderness

# EXTREMITIES

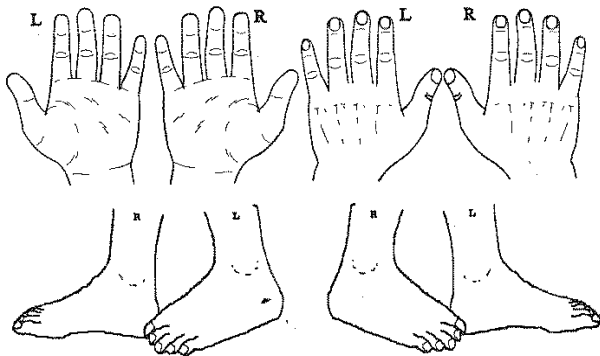
☒ atraumatic  
☒ pelvis stable  
☒ hips non-tender  
☒ no pedal edema  
☒ nml ROM

☒ see diagram  
☐ crepitus / diaphoresis

☒ see diagram  
☐ vertebral point-tenderness  
☐ CVA tenderness  
☐ muscle spasm / limited ROM

☒ see diagram  
☐ bony point-tenderness  
☐ painful / unable to bear weight  
☐ pulse deficit

Joint Exam:  
☐ limited ROM / ligaments laxity / joint effusion



Pt: COXON, JOSEPH

Acct: 0424600967

Unit #: 936243

BD: 10/11/75

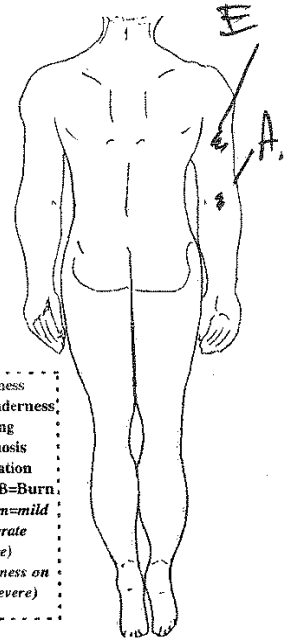
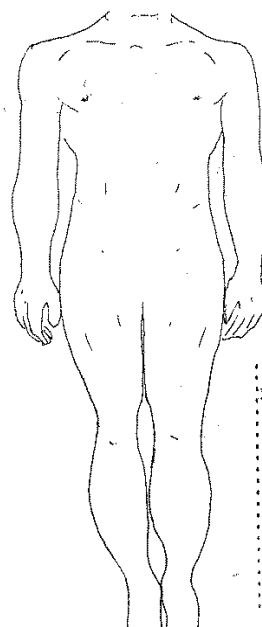
28Y

Sex: M

Dr: ER, DOCTOR

ADM DATE: 09/02/04

WER



T=Tenderness  
PtT=Point Tenderness  
S=Swelling  
E=Ecchymosis  
Lac=Laceration  
A=Abrasion B=Burn  
(Ø=without m=mild  
mod=moderate  
sv=severe)  
Tsv = Tenderness on  
palpation (severe)

# XRAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist

# C-Spine D-Spine LS-Spine

☐ nml / NAD ☐ reversal / straightening of cerv. lordosis  
☐ no fracture ☐ DJD / spondylosis / spurring  
☐ nml alignment  
☐ soft tissues nml

# CXR

☐ nml / NAD ☐ rib fracture  
☐ no infiltrates ☐ infiltrate / atelectasis  
☐ nml heart size  
☐ nml mediastinum

# OTHER

☐ See separate report

# PROGRESS:

A. reports feeling 'not right' & trying to take  
something to drink. Not sure if he hit a car  
Guys with guns "I felt claustrophobic"  
"I couldn't think"  
See dictated record.

Discussed with Dr.

will see patient in: office / ED / hospital

CRIT CARE- 30-74 min

75-104 min min

Counseled patient / family regarding:

lab results diagnosis need for follow-up

Prior records ordered

Rx given Admit orders written

Additional history from:  
family caretaker paramedics

# CLINICAL IMPRESSION:

Alleged Assault

# contusion

head wrist R/L  
face hand R/L  
chest hip R/L  
abdomen thigh R/L  
back knee R/L  
shoulder R/L leg R/L  
arm R/L ankle R/L  
elbow R/L foot R/L  
forearm R/L

# sprain / strain

neck dorsal lumbar

# concussion

with LOC w/o LOC

# laceration

# Wound Description/Repair

length cm location  
☐ superficial ☐ SQ ☐ muscle ☐ linear ☐ stellate ☐ irregular  
☐ clean ☐ contaminated moderately / \*heavily

distal NVT: ☐ neuro & vascular status intact ☐ no tendon injury

anesthesia: ☐ local ☐ digital block ☐ cc

☐ lidoc 1% 2% epi / bicarb ☐ marcaine .25% .5% ☐ LET

# prep:

☐ Shur-Clens / Betadine ☐ debrided / undermined  
☐ irrigated / washed w/saline ☐ \*extensively  
☐ \*extensively ☐ foreign material removed  
☐ explored ☐ minimal moderate \*extensive

repair: Wound closed with: wound adhesive / steri-strips

SKIN- # ☐ -0 nylon / prolene / staples

\*SUBCU- # ☐ -0 vicryl / chromic

\*may indicate intermediate repair may indicate intermediate or complex repair

DISPOSITION-

☐ home ☐ admitted ☐ transferred

CONDITION-

☐ unchanged ☐ improved ☐ stable

Transient A.H. M.S. - Probable Hypoxia  
Minor Head / Arm Contusion (3) Pepper Spray



06



Lake Hospital  
System

EMERGENCY NURSING RECORD

Multiple Trauma

TRIAGE TIME 1625 emergent (urgent) non-urgent

NAME: Joseph Coxon

DOB: 10-11-75 AGE: 28 (M) F

HISTORIAN: patient paramedics family

ARRIVAL MODE: wheelchair EMS police walk-in

PCP: Schean none

IMMUNIZATIONS: current / not current / referral

LAST TETANUS: unknown chem

TREATMENT PTA: see EMS report cervical collar  
backboard

CHIEF COMPLAINT: while driving pt states  
occurred just PTA he was in a car  
couldn't get control of myself  
lost consciousness he then hit the car

INJURIES: whole Rt Lt Car

head	neck	shoulder	hip	shoulder	hip
face	back	arm	thigh	arm	thigh
nose	chest	elbow	knee	elbow	knee
mouth	abdomen	forearm	leg	forearm	leg
	coccyx	wrist	ankle	wrist	ankle
		hand	foot	hand	foot

Pt was pepper sprayed per Monitor  
police

PAIN LEVEL: current 9 / 10 max 9 / 10

MECHANISM: fall GSW / stab wound  
hit by wheelchair burn  
motorcycle / bicycle industrial  
chemical exposure Assault by Police

SAFETY: none helmet safety glasses walking at scene

VITALS: time: 1625 Wt: 220 (lbs/Kg)  
BP: 123 P: 144 RR: 20 T: 36.4 O<sub>2</sub> Ax  
O<sub>2</sub> Sat%: 97% (RA/O<sub>2</sub>) GCS

ALLERGIES: NKDA / PCN / ASA / sulfa / latex  
Allergic Reaction:

MEDS: none OTC prescription herbal

Nitroglycerin QHS

PAST Hx: negative ↓BS  
heart disease / HTN / diabetes: insulin  
past surgeries none elbow surgery

smoker / drugs / alcohol 6-7 days / weekends  
TB exposure / symptoms  
has been physically hurt or threatened by someone close

LMP: G Para AB pregnant / postmenopausal

RN Signature: R Daytek RN

Form # NN06

Pt: COXON, JOSEPH  
Acct: 0424600967 Unit #: 936243  
BD: 10/11/75 28Y Sex: M  
Dr: ER, DOCTOR  
ADM DATE: 09/02/04 WER

FALL RISK EVALUATION

- 2 ( ) History of Fall in last 3 months
  - 3 ( ) Impaired judgment / lack of safety awareness
  - 1 ( ) Impaired gait
  - 2 ( ) Agitation
  - 1 ( ) Difficulty getting to bathroom in time
  - 1 ( ) Dizziness / Vertigo
- Score greater than or equal to 2 required Fall Warning Interventions

TIME TO ROOM: 1625

INITIAL ASSESSMENT TIME: 1625 ROOM: 22A

GENERAL APPEARANCE

- No acute distress cervical collar / back board in place
- Alert mild / moderate / severe distress
- anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT

- appears well nourished obese / malnourished
- Independent ADL assisted / total care

RESPIRATORY

- no resp distress mild / moderate / severe distress
- no breath sounds wheezing / crackles / stridor
- decreased breath sounds

CVS

- regular rate tachycardia / bradycardia / irregular
- pulses strong pulse deficit
- skin warm & dry cool / diaphoretic
- pale / cyanotic

NEURO

- oriented x 3 disoriented to person / place / time
- PERRL confused
- pupils unequal
- weakness / sensory loss

HEENT

- no evidence of trauma scalp tenderness / laceration
- nl eye inspection eye injury
- nl ENT inspection nasal / dental injury

NECK / BACK

- no evidence of trauma laceration / abrasion / swelling
- non-tender tenderness

ABDOMEN

- nl inspection tenderness / guarding / rebound
- non-tender blood at urethral meatus
- bowel sounds present

EXTREMITIES

- no evidence of trauma laceration / abrasion Big Arms
- non-tender tenderness / swelling legs
- moves all extremities limited ROM
- deformity

ADDITIONAL FINDINGS

Pt is diabetic + only at 2 small  
sandwiches.

Nurse Signature: R Daytek RN

NURSING



# ACTIONS

TIME	INIT
cervical collar	back board
ice pack / elevation	warming measures
bandage applied	wet to dry dressing
set up suture tray	
O <sub>2</sub> _____ L via	
pulse oximeter	
cardiac monitor	
Glucometer	
tetanus diphtheria / tetanus toxoid	
0.5ml IM lot #:	
exp. date	manufacturer
bed low position	side rails up x1 x2
call light in reach	head of bed elevated
ready for Dr Eval / notified doctor	
restraints	see documentation

# IV RECORD

Time	Solution	Site	gauge	Rate	amt in	D/C	INIT

# MEDICATIONS

Time	Medication	Dose	route	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

# PROCEDURES

TIME	INIT
laceration repair by:	
single / multiple layer	face limb trunk
length after closure:	
foreign body removed by:	
simple complex	cornea / conjunctiva / foot
dislocation reduced by:	
shoulder elbow MTP patella	
splint applied by:	
arm leg short long	
assessed post-procedure	
color / sensation / movement	
cleaned wound	applied antibiotic ointment
applied dressing / Band-Aid / elastic wrap	
crutch training w/ proper return demonstration	
to X-ray w/ monitor / nurse / O <sub>2</sub> / tech	

# VITAL SIGNS

Time	BP	P	RR	T	O <sub>2</sub> Sat	Rhythm	Pain	INIT
							/10	
							/10	
							/10	
							/10	

# PAIN REASSESSMENT

Time	Description	Level	INIT
		/10	
		/10	
		/10	

# ADDITIONAL NOTE

site: redness swelling bleeding catheter tip intact

IV / saline lock discontinued: Time \_\_\_\_\_ Initials \_\_\_\_\_

# INTAKE

IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
	liquid stool
Total:	Total:

# PROPERTY TO:

patient	family	security	safe	see patient belongings list
patient aware				

# DISPOSITION

discharged home police nursing home coroner funeral home

verbal / written instructions / Rx given to: patient \_\_\_\_\_

verbalized understanding \_\_\_\_\_

learning barriers addressed \_\_\_\_\_

accompanied by / driver: \_\_\_\_\_

pain level at discharge \_\_\_\_\_ / 10

admitted / transferred to \_\_\_\_\_

report to \_\_\_\_\_ time \_\_\_\_\_

transfer documentation completed \_\_\_\_\_

notified family / police / coroner \_\_\_\_\_

left AMA / LWBS signed AMA sheet refused \_\_\_\_\_

physician notified of: \_\_\_\_\_

# CONDITION

unchanged improved stable other

Disch Time \_\_\_\_\_ Mode: walk crutches w/c offered/refused stretcher ambulance

Discharge Nurse Signature \_\_\_\_\_

☐ Continuation Sheet

SIGNATURE / PRINTED NAME	INITIAL
KDOYTERN KATHY DOYTER	LD



## ACTIONS

TIME			INIT
	cervical collar	back board	
	ice pack / elevation	warming measures	
1630	bandage applied	wet to dry dressing	KD
	set up suture tray		
	O <sub>2</sub> _____ L via		
	pulse oximeter		
	cardiac monitor		
1625	Glucometer	137	KD
	tetanus diphtheria / tetanus toxoid		
	0.5ml IM	lot #:	
	exp. date	manufacturer	
1625	bed low position	side rails up (x1 x2)	KD
	call light in reach	head of bed elevated	
	ready for Dr Eval / notified doctor		
	restraints see documentation		

## IV RECORD

Time	Solution	Site	gauge	Rate	amt in	D/C	INIT

## MEDICATIONS

Time	Medication	Dose	route	Site	INIT
	Response:				
	Response:				
	Response:				
	Response:				

## PROCEDURES

TIME			INIT
	laceration repair by:		
	single / multiple layer	face limb trunk	
	length after closure:		
	foreign body removed by:		
	simple complex	cornea / conjunctiva / foot	
	dislocation reduced by:		
	shoulder elbow MTP patella		
	splint applied by:		
	arm leg	short long	
	assessed post-procedure		
	color / sensation / movement		
1720	cleaned wound	applied antibiotic ointment	KD
	applied dressing / Band-Aid / elastic wrap		KD
	crutch training w/ proper return demonstration		
	to X-ray w/ monitor / nurse / O <sub>2</sub> / tech		

## VITAL SIGNS

Time	BP	P	RR	T	O <sub>2</sub> Sat	Rhythm	Pain	INIT
							/10	
							/10	
							/10	
							/10	

Pt: COXON, JOSEPH

Acct: 0424600967 Unit #: 936243

BD: 10/11/75

28Y

Sex: M

Dr: ER, DOCTOR

ADM DATE: 09/02/04

WER

## PAIN RECORD

Time	Description	Level	INIT
		/10	
		/10	
		/10	

## ADDITIONAL NOTE

site: redness swelling bleeding catheter tip intact  
 1630 - Pt. calm, no crying, skin of hand  
 VBS. Apologetic. Cooperative. 100%  
 no pt cleaned w/ pepper spray. Police  
 (bedside) hand cuffs removed  
 to obtain blood / urine + have  
 pt rinse eyes @ eye wash station.  
 1721 urine sent to lab. 140  
 1730 Chem stick 140 - Pt feels surer  
 is going low. Dinner try outdoors.  
 IV / saline lock discontinued: Time \_\_\_\_\_ Initials \_\_\_\_\_

## INTAKE

IV:	OUTPUT
PO:	Urine:
Other:	Emesis:
	Blood-Approx:
	liquid stool
Total:	Total:

## PROPERTY TO:

patient	family	security	safe	see patient belongings list
patient aware				

## DISPOSITION

discharged home police nursing home coroner funeral home  
 verbal / written instructions / Rx given to: patient  
 verbalized understanding  
 learning barriers addressed  
 accompanied by / driver: Mentor Police  
 pain level at discharge: 6 / 10 in Handcuffs

admitted / transferred to \_\_\_\_\_  
 report to \_\_\_\_\_ time \_\_\_\_\_  
 transfer documentation completed  
 notified family / police / coroner \_\_\_\_\_  
 left AMA / LWBS signed AMA sheet refused \_\_\_\_\_  
 physician notified of: \_\_\_\_\_

## CONDITION

unchanged improved stable other  
 Disch Time 1840 Mode: walk crutches w/c offered/refused stretcher ambulance

Discharge Nurse Signature K. Doyfel☐ Continuation Sheet

SIGNATURE / PRINTED NAME	INITIAL
<u>K. Doyfel</u> KATHY DOYFEL	KD



06



**Lake Hospital  
System**

**EMERGENCY NURSING RECORD  
Multiple Trauma**

**TRIAGE TIME** \_\_\_\_\_ emergent urgent non-urgent

**NAME:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **M / F** \_\_\_\_\_

**HISTORIAN:** \_\_\_patient \_\_\_paramedics \_\_\_family \_\_\_\_\_

**ARRIVAL MODE:** \_\_\_wheelchair \_\_\_EMS \_\_\_police \_\_\_walk-in

**PCP:** \_\_\_\_\_ none

**IMMUNIZATIONS:** current / not current / referral \_\_\_\_\_

**LAST TETANUS:** \_\_\_\_\_

**TREATMENT PTA** \_\_\_see EMS report \_\_\_cervical collar  
\_\_\_backboard

**CHIEF COMPLAINT** \_\_\_\_\_  
occurred \_\_\_just PTA

\_\_\_lost consciousness

		Rt		Lt	
head	neck	shoulder	hip	shoulder	hip
face	back	arm	thigh	arm	thigh
nose	chest	elbow	knee	elbow	knee
mouth	abdomen	forearm	leg	forearm	leg
	coccyx	wrist	ankle	wrist	ankle
		hand	foot	hand	foot

**PAIN LEVEL** current \_\_\_ / 10 max \_\_\_ / 10

**MECHANISM**  
\_\_\_fall\_\_\_ GSW / stab wound  
\_\_\_hit by wheelchair\_\_\_ burn  
\_\_\_motorcycle / bicycle\_\_\_ industrial  
\_\_\_chemical exposure\_\_\_

**SAFETY**  
\_\_\_none \_\_\_helmet \_\_\_safety glasses \_\_\_walking at scene

**VITALS** time: \_\_\_\_\_ **Wt.** \_\_\_\_\_ **lbs/Kg** \_\_\_\_\_  
**BP** \_\_\_/\_\_\_ **P** \_\_\_ **RR** \_\_\_ **T** \_\_\_ **O r Ax** \_\_\_  
**O<sub>2</sub> Sat%** \_\_\_ **RA / O<sub>2</sub>** \_\_\_ **GCS** \_\_\_

**ALLERGIES** \_\_\_NKDA / PCN / ASA / sulfa / latex  
Allergic Reaction \_\_\_\_\_

**MEDS** \_\_\_none \_\_\_OTC\_\_\_prescription \_\_\_herbal

**PAST Hx** \_\_\_negative  
\_\_\_heart disease / HTN / diabetes / insulin  
\_\_\_past surgeries none

\_\_\_smoker / drugs / alcohol  
\_\_\_TB exposure / symptoms  
\_\_\_has been physically hurt or threatened by someone close

**LMP** \_\_\_G\_\_\_ Para \_\_\_ AB \_\_\_ pregnant / postmenopausal

**FALL RISK EVALUATION**

- 2 ( ) History of Fall in last 3 months  
3 ( ) Impaired judgment / lack of safety awareness  
1 ( ) Impaired gait  
2 ( ) Agitation  
1 ( ) Difficulty getting to bathroom in time  
1 ( ) Dizziness / Vertigo  
Score greater than or equal to 2 required Fall Warning Interventions

**TIME TO ROOM:** \_\_\_\_\_

**INITIAL ASSESSMENT TIME:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_

**GENERAL APPEARANCE**

\_\_\_no acute distress \_\_\_cervical collar / back board in place  
\_\_\_alert \_\_\_mild / moderate / severe distress  
\_\_\_anxious / decreased LOC

**FUNCTIONAL / NUTRITIONAL ASSESSMENT**

\_\_\_appears well nourished \_\_\_obese / malnourished  
\_\_\_independent ADL \_\_\_assisted / total care

**RESPIRATORY**

\_\_\_no resp distress \_\_\_mild / moderate / severe distress  
\_\_\_nl breath snds \_\_\_wheezing / crackles / stridor  
\_\_\_decreased breath sounds

**CVS**

\_\_\_regular rate \_\_\_tachycardia / bradycardia / irregular  
\_\_\_pulses strong \_\_\_pulse deficit  
\_\_\_skin warm & dry \_\_\_cool / diaphoretic  
\_\_\_pale / cyanotic

**NEURO**

\_\_\_oriented x 3 \_\_\_disoriented to person / place / time  
\_\_\_PERRL \_\_\_confused  
\_\_\_pupils unequal  
\_\_\_weakness / sensory loss

**HEENT**

\_\_\_no evidence of trauma \_\_\_scalp tenderness / laceration  
\_\_\_nl eye inspection \_\_\_eye injury  
\_\_\_nl ENT inspection \_\_\_nasal / dental injury

**NECK / BACK**

\_\_\_no evidence of trauma \_\_\_laceration / abrasion / swelling  
\_\_\_non-tender \_\_\_tenderness

**ABDOMEN**

\_\_\_nl inspection \_\_\_tenderness / guarding / rebound  
\_\_\_non-tender \_\_\_blood at urethral meatus  
\_\_\_bowel sounds present

**EXTREMITIES**

\_\_\_no evidence of trauma \_\_\_laceration / abrasion  
\_\_\_non-tender \_\_\_tenderness / swelling  
\_\_\_moves all extremities \_\_\_limited ROM  
\_\_\_deformity

**ADDITIONAL FINDINGS**

**RN Signature** \_\_\_\_\_

**Nurse Signature** \_\_\_\_\_



[illegible][illegible]

Time called	Service	Time in ED

[illegible]

### VITAL SIGNS

[illegible]

Pt continues to recant "When I lived in  
 Connecticut Pt - everybody knew me  
 the police. friends & they  
 would just restrain me until  
 they got me sorted & then it  
 was okay." Pt states "I  
 could have really hurt  
 someone bad" "you know  
 I'm a teacher - I would never  
 hurt anyone" "Please tell the  
 police I'm sorry."

1815 - BSG → 255 peaking - KO  
 1830 - Pt remains unresponsive. Cooperative  
 Pt instructions given.

INTAKE OUTPUT KO

IV:	Urine:
PO:	Emesis:
Other:	Blood-Approx:
	liquid stool
<b>Total:</b>	<b>Total:</b>

discharged home police nursing home coroner funeral home  
verbal / written instructions / Rx given to: patient  
verbalized understanding  
learning barriers addressed  
accompanied by / driver:  
pain level at discharge / 10  
admitted / transferred to  
report to time  
transfer documentation completed  
notified family / police / coroner  
left AMA / LWBS signed AMA sheet refused  
physician notified of:

SIGNATURE / PRINTED NAME	INITIAL
<i>[Signature]</i> KATHY DOLTER	KD



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## Lake Hospital System

## EMERGENCY NURSING RECORD

### General Continuation Sheet

SECONDARY ASSESSMENT TIME: \_\_\_\_\_ ROOM: \_\_\_\_\_

### GENERAL APPEARANCE

\_\_\_ no acute distress      \_\_\_ mild / moderate / severe distress  
\_\_\_ alert      \_\_\_ anxious / decreased LOC

## RESPIRATORY

☐ no resp distress      ☐ mild / moderate / severe distress  
☐ nl breath snds      ☐ wheezing / crackles / stridor  
☐ decreased breath sounds

CVS

<u>regular rate</u>	<u>tachycardia / bradycardia / irregular</u>
<u>pulses strong</u>	<u>pulse deficit</u>
<u>skin warm &amp; dry</u>	<u>cool / diaphoretic</u>
	<u>pale / cyanotic</u>

## NEURO

oriented x 3	disoriented to person / place / time
PERRL	confused
	pupils unequal
	weakness / sensory loss
	contractions

## HEENT

<u>nl</u> eye inspection	<u>scalp</u> tenderness / laceration
<u>nl</u> ENT inspection	<u>scleral</u> icterus / pale / red conjunctivae
	<u>nasal</u> drainage
	<u>epistaxis</u>

## ABDOMEN

__nl inspection	__tenderness / guarding / rebound
__non-tender	__blood at urethral meatus
__bowel sounds present	

## EXTREMITIES

☐ non-tender      ☐ calf tenderness  
☐ no pedal edema      ☐ pedal edema  
☐ moves all extremities

## ADDITIONAL FINDINGS

## ACTIONS / PROCEDURES

TIME	INIT
O <sub>2</sub> _____ L. via	
ventilator T.V. _____ rate _____ FIO <sub>2</sub> _____	
cardioversion	
CPR	
peritoneal lavage	
LAVAGE	
irrigated	
return	
central line placed	
chest tube	
bronchodilator treatment	nebulizer      inhaler
x1   2   3	
IV's established    see IV record	
restraints    see documentation	

## IV RECORD

[illegible]



# Lake Hospital System, Inc.

## Outpatient Lab Report

Lake West Hospital      Madison Medical Campus      Tyler Blvd Walk-In Care Center  
3600 Euclid Ave.      6270 North Ridge Rd.      7956 Tyler Blvd.  
Willoughby, OH 44094      Madison, OH 44057      Mentor, OH 44060

Lake East Hospital      Mentor Medical Campus      Lake Willowick Urgent Care Center  
10 E. Washington St.      9485 Mentor Ave.      30498 Lake shore Blvd.  
Painesville, OH 44077      Mentor, OH 44060      Willowick, OH 44094

MR#: 936243      LOC: WIL  
COXON, JOSEPH  
ACCT#: 0424600967  
BD: 10/11/1975      M  
PHYS: SMITH, ROBERT P. M.D.  
ER, DOCTOR

H2290 COLL: 09/02/2004 17:19 REC: 09/02/2004 17:43 PHYS: SMITH, ROBERT P

COPY FOR:

URINE DRUG SCREEN		STAT
THC	NEGATIVE	STAT
LSD	NEGATIVE	STAT
PROPOXYPHENE	NEGATIVE	STAT
METHADONE	NEGATIVE	STAT
COCAINE METABOL	NEGATIVE	STAT
BENZODIAZEPINE	NEGATIVE	STAT
PCP	NEGATIVE	STAT
OPIATE	NEGATIVE	STAT
AMPHETAMINE/ECS	NEGATIVE	STAT
BARBITURATE	NEGATIVE	STAT
PHENOTHIAZINE S	NEGATIVE	STAT
COMMENT		STAT

These Toxicological Screening Tests provide unconfirmed qualitative measurements to aid in treatment and diagnosis in cases of drug use or overdose. A positive result does not indicate or measure intoxication. For specific test performance or pathologist consultation, please contact the Laboratory.

H2257 COLL: 09/02/2004 17:00 REC: 09/02/2004 17:02 PHYS: SMITH, ROBERT P

COPY FOR:

ALCOHOL (ETHYL)      <0.010      \* [0-0]      GM/DL

COXON, JOSEPH

SMITH, ROBERT P. M.D ER, DOCTOR

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END OF REPORT

09/03/2004 01:00



**LAKE HOSPITAL SYSTEM  
PATIENT CONSENT FORM (Page 1 of 2)**

Pt: COXON, JOSEPH  
Acct: 0424600967 Unit #: 936243  
BD: 10/11/75 28Y Sex: M  
Dr: ER, DOCTOR  
ADM DATE: 09/02/04  
WER

**REQUEST FOR GENERAL TREATMENT**

I request and authorize Lake Hospital System, its employees, my physician and other physicians or allied health professionals as are necessary to provide emergency, outpatient and/or general hospital treatment and care. Further, I authorize the hospital and my physician(s) to permit the presence of observers in my treatment as deemed necessary.

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Lake Hospital System, Anesthesia Associates, Drs. Hill & Thomas, Drs. Hill & Chapnick, EKG Associates, Lake Emergency Services ("Hospital-Based Physicians"), and other interpreting physicians involved in my care to release any medical records or medical information necessary to file an insurance claim, to perform quality and utilization assessments, and to release any medical information which may be requested by my insurance carrier or agencies on their behalf. I authorize the release to other health organizations and/or professionals such medical information deemed necessary to ensure continuity and quality of care in the event of my transfer to another institution. Further, I authorize release of medical information to a quality assurance or peer review committee or organization, compliance audits, research, marketing, Department of Health, federal and/or state agencies

I wish to receive information about other Lake Hospital System programs.

☐ Yes ☒ No

I wish to be included in the daily patient list.

☒ Yes ☐ No

I wish to be included in the clergy census.

☐ Yes ☒ No

**ASSIGNMENT OF BENEFITS**

In consideration of medical services to be received for this admission, I assign to Lake Hospital System or any Hospital-Based Physician, as applicable, all, including Title XVIII of Social Security Administration, other benefits herein specified. This assignment shall be irrevocable.

**GUARANTEE OF ACCOUNT**

I guarantee payment of any and all hospital or Hospital-Based Physician charges not covered by insurance or this assignment, including court costs, if appropriate.

**ACKNOWLEDGMENT OF RECEIPT OF MEDICARE/CHAMPUS INFORMATION**

I acknowledge that if I am a Medicare and/or CHAMPUS beneficiary, I have been provided with a notice from Medicare and/or CHAMPUS, regarding my rights as a Medicare and/or CHAMPUS hospital patient.

**PATIENT RIGHTS**

I acknowledge that I have received a copy of "Patients Rights and Responsibilities".

☒ Yes ☐ No

**PATIENT PRIVACY**

I acknowledge that I have received a copy of "The Notice of Privacy Practices."

☒ Yes ☐ No



Pt: COXON, JOSEPH  
Acct: 0424600967 Unit #: 936243  
BD: 10/11/75 28Y Sex: M  
Dr: ER, DOCTOR  
ADM DATE: 09/02/04 WER

**LAKE HOSPITAL SYSTEM**  
**PATIENT CONSENT FORM** (Page 2 of 2)

**PERSONAL CHOICES**

I have an Advance Directive - Living Will  
I have a Durable Power of Attorney for Health Care  
I am an Organ Donor

☐ Yes ☒ No  
☐ Yes ☒ No  
☐ Yes ☒ No

**PATIENT BELONGINGS**

Patients are responsible for all money and valuables retained in their possession during their hospital admission or outpatient visit. The hospital is not responsible and accepts no liability for retained belongings including but not limited to money, jewelry, dentures, hearing aids, eye glasses, or other prosthetic devices.

**OBSTETRICS**

This consent covers this visit/admission and any subsequent visit/admission relating to this pregnancy.

**SERIES**

This consent covers this visit and any subsequent visit related to this encounter.

**NON-COVERED SERVICES OR EQUIPMENT**

Check Insurance Type: ☐ Medicare ☐ Kaiser ☐ Other \_\_\_\_\_

I understand that the service(s) or equipment checked below are considered to be non-covered by my insurance carrier including Medicare. Because this service/equipment is non-covered, I realize that I will be personally responsible for payment.

**Check appropriate service:**

☐ Cardiac Rehab Phase III ☐ Durable Medical Equipment  
☐ Pulmonary Rehab Phase III ☐ Mammograms (beyond limitations of coverage)

**I HAVE REVIEWED AND CONSENT TO ALL APPLICABLE CLAUSES BY SIGNING BELOW. I UNDERSTAND THE NATURE OF THIS CONSENT AND IT IS REVOCABLE AT ANY TIME.**

Signature: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Witness to the above signature: AS Date: 9/12/04

**Grievance Process:** Should you experience dissatisfaction with your care or services while you are a patient you may call (440) 953-6265 or ext. 6265 to report your concerns. You will be contacted and follow-up on your concerns will occur.



Lake West Hospital System - Emergency Department  
36000 Euclid Avenue Willoughby, OH 44094  
(440) 953-6003

Patient: JOSEPH COXON, Date: 09/02/2004 Time: 18:20

M.R. #: 936243 Visit #:0424600967

- any new or severe symptoms.

**HYPOGLYCEMIA** (Low Blood Sugar, Insulin Reaction).

Today your blood sugar was **too low**. Low blood sugar may be caused by having too much insulin in your body compared to the food you have eaten. It can also be caused by exercising more than your usual amount. Hypoglycemia can start quickly.

Do the following:

- It is important to balance your activity, food and insulin.
- See your doctor. Tell your doctor about this visit, and any other times you have had low blood sugar.
- Watch for symptoms of hypoglycemia. They include:
  - hunger
  - weakness
  - light-headedness
  - shakiness and confusion
- If you feel these symptoms, drink some juice or eat some candy. **Keep candy with you at all times.**

Call your doctor if you have:

- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

  
JOSEPH COXON or Responsible Person

JOSEPH COXON or Responsible Person has received this information and tells me that all questions have been answered.

  
Caregiver



Lake West Hospital System - Emergency Department  
36000 Euclid Avenue Willoughby, OH 44094  
(440) 953-6003

Patient: JOSEPH COXON, Date: 09/02/2004 Time: 18:20  
M.R. #: 936243 Visit #:0424600967

#### Discharge Instructions

No

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by Robert Smith, M.D..

#### THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE

Call as soon as possible to make an appointment to see DR.SCHEAN in 2 days. You can reach your doctor by calling their office phone number.

#### SPECIAL INFORMATION

WATCH GLUCOSE LEVELS CLOSELY.

\*\*\*\*\*WATCH GLUCOSE CAREFULLY\*\*\*\*\* OK TO USE INSULIN WHILE IN JAIL IF NEEDED FOR COVERAGE. PATIENT SHOULD MAINTAIN MEALS AND SNACKS USING DIABETIC DIET. PATIENT NEEDS BLOOD SUGAR TESTED AND CAN HAVE GLUCOSE MACHINE BROUGHT TO JAIL IF NEEDED TO GET BLOOD SUGAR READINGS.\*\*\*\*\*

#### THIS INFORMATION IS ABOUT YOUR DIAGNOSIS CONJUNCTIVITIS (Pinkeye).

This is an infection in the sac between your eye and eyelid. It is contagious (you can spread it to another person).

Follow these instructions:

- Use your own towel and do not let others use tissues or towels you have used.
- Wash your hands often with soap and water.
- Apply cool wet packs over your eye for comfort:
  - wet a clean washcloth with cold water.
  - Put the wet washcloth over your eye for 15 to 20 minutes every few hours.
- Use the medicine **exactly as prescribed**. Do not share the medicine with others.
- Avoid touching your eyes with your fingers.

Call your doctor if:

- you have eye pain.
- you have trouble with your vision.
- you are not better in 2 days.
- you are not completely well in 1 week.
- you have any new or severe symptoms.

#### CONTUSIONS (Bruises).

Contusions are an injury to a body part caused by a blunt object. The force of the injury breaks some of the tiny blood vessels in and under the skin. Leaking blood from these broken vessels causes the swelling and the blue color. As the bruise heals, the swelling will go away. The bruise will change as the blood is washed away from the inside. Its color will change from blue

to yellow-green and later to a faint brown. It should disappear completely in about 3 weeks.

Do the following:

- Apply ice packs. These help keep the swelling down in the first 2 days after an injury. After that, it should get steadily better.
- After 2 days, use warm packs. That will help the injury heal faster.

Call your doctor if you have:

- increased pain or swelling.
- fever.
- pain lasting longer than 1 week.
- any new or severe symptoms.

#### ALTERED MENTAL STATUS

You have shown some signs of confusion. Many things can cause a person to be confused. It will be important to identify the cause of this symptom. Some kinds of confusion clear up on their own, but others require special treatment.

Follow these instructions:

- Have someone stay with you to help you until your doctor says otherwise.
- Do not drink alcohol.
- Do not take medicines that your doctor has not prescribed.
- Do not drive or use machinery until your doctor says it is okay.

Tips for family members or caregivers:

These tips are for JOSEPH's family and/or support people who will need to become part of JOSEPH's care and supervision to insure a safe environment:

- Consider the safety of all objects in the immediate surrounding. Examine each room for hazards. It is possible for a person to mix up the purpose of any two articles when confused.
- Use locks or devices to control opening drawers and cupboards that contain hazardous articles etc.
- Remove hazardous materials (cleaning materials, paint, etc.) from easy access without supervision.
- Reduce clutter in the environment.
- Do not leave JOSEPH alone without supervision.
- Remove sharp utensils that could be reached without supervision.
- Control access to the kitchen cooking appliances.
- Install alarms to alert you to hazards (fire, smoke and motion detectors) to alert you. Consider motion detectors on exterior doors if JOSEPH wanders at night.
- Install light sensors that will cause your room lights to go on automatically when a person walks into a room. This will help JOSEPH avoid a trip and fall if walking into a dark room.
- Use things to orient JOSEPH to person, place and time such as calendars, names, pictures etc.
- Do not rearrange the environment often. Keep things familiar and close at hand. If JOSEPH can see an item it will help him or her remember it.
- Set a routine. This helps with memory.

If the altered mental status, or confusion, is long-term, remember to take care of yourself and rest. Use respite providers in the community that can come in and give you an opportunity to relax and get out without constantly supervising JOSEPH. You need this time for your own health.

Call your doctor or have a family member call the doctor if you have:

- worsening confusion.



12/05/01 1953

LAY HOSPITAL SYSTEM, INC  
Admission Summary

Room-Bed: Dschrgd

Admit Dt: 12/05/01

Acct #: 0133900701

Baby ID:

Admit Time: 16:41

Loc: WIL Service: MED

Unit #: 936243

Patient: COXON, JOSEPH

Street: 8120 DEEPWOOD

City: MENTOR

State: OH Zip: 44060

Telephone: (440)255-0449

Birthdate: 10/11/75

Age 26Y SSN: 302-74-3160

Sex: M Marital: S Church:

Smoker: Publicity:

Race: Adm Source: 7 Adm Type: 1

Adv Dir:

Organ Donor:

Employer: 00428 KIRTLAND BD.OF EDUC

9152 CHILLICOTHE RD

KIRTLAND

OH

Adm Dx: LOW BS

Adm Phy: 914

CUA, WARREN G

Adm Com:

Att Phy: 1403

DAHER, ANTHONY

ER Phy: 914

CUA, WARREN G

PC Phy:

Sur Dx:

Accident Information:

Accident Type:

\*\*\*\*\*NEAREST RELATIVE INFORMATION\*\*\*\*\*

Relative Name: COXON, CONNIE

Relationship: PARENT

Home Phone: (440)593-3063

Work Phone:

Relative Name:

Relationship:

Home Phone:

Work Phone:

\*\*\*\*\*INSURANCE INFORMATION\*\*\*\*\*

Primary Insured: COXON, JOSEPH

Relationship:

Street:

City:

St:

Zip:

Telephone:

SSN:

Empl Phone:

Employer:

Primary Insurance: SELF PAY

Group #:

Cert/SSN:

Thru:

Verifying Agency Name:

Contact:

Cont Phone:

Mail To:

Auth #:

Street:

City:

St:

Zip:

Benefit Phone:

Ext:

Secondary Insured:

Relationship:

Street:

City:

St:

Zip:

Telephone:

SSN:

Empl Phone:

Employer:

Secondary Insurance:

Group #:

Cert/SSN:

Thru:

Verifying Agency Name:

Contact:

Cont Phone:

Mail To:

Auth #:

Street:

City:

St:

Zip:

Benefit Phone:

Ext:

\*\*\*\*\*MISCELLANEOUS INFORMATION\*\*\*\*\*

Admitted By: CSZ

Referring Phys:

Preadmitted By: CSZ

Previous Discharge Date: 12/05/01 18:15

Old MR#:

Legal Disposition:

FC: SP

CRT ID: ERC

Discharge Date/Time: 12/05/01 18:15

Discharged To: IMP

Discharge Dx:

Visit Check-In Areas:

WIL

END-OF-REPORT



LAKE HOSPITAL SYSTEM

PHYSICIAN ORDER SHEET  
EMERGENCY DEPARTMENT

REGULAR MD/CLINIC Schen

Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

ALLERGIES: NONE

DICTATION WITH THIS CHART? YES NO

TIME ORDERED	PHYSICIAN ORDERS (CIRCLE)	SEC	NURSE	PHYSICIAN NOTES
	OLD RECORDS <u>OLD X-RAYS</u> OLD EKG'S			
	CBC <u>BMP</u> CMP PT/PTT		<u>1643 Sent</u>	<u>7</u>
	PREG ETOH DIG URINE TOX			
	AMYLASE LIPASE HEPATIC PANEL			
	CPK HCG			
	EKG ABG on <u>ab</u> % by <u>RT</u> MD/PA		<u>dr</u>	
	BLD C&S x <u>URINE DIP</u> <u>UA</u> <u>UA C&amp;S</u>			
	STREP SCREEN (Rapid) STREP CULTURE			LAB RESULTS:
	CXR PA & Lat CXR Port ABD Series			
	C-SPINE TRAUMA C-SPINE ROUTINE			
	CT SCAN OF _____ Reason _____			EKG INTERPRETATION:
	XRAY OTHER _____			
	PSYCH EVAL RESTRAIN _____ HRS			X-RAY INTERPRETATION:
	<u>LEATHER</u> <u>SOFT</u> <u>VEST</u>			
	RUE LUE RLE LLE			
	<u>MONITOR</u> O2 at <u>50%</u>		<u>dr</u>	DIAGNOSTIC IMPRESSIONS:
	<u>PULSE OX</u> on <u>RA</u> / O2 = <u>100</u> <u>R6A</u>			<u>Hypoglycemia /</u> <u>Insulin reaction</u> <u>IPD #1</u>
	IV _____ HEP LOCK			
	<u>BSE 133 mg/A</u>			DISCHARGE ORDERS/INFORMATION
	<u>1800 ADA Diet</u>		<u>dr</u>	FOLLOW UP DR. <u>Schen</u> IN <u>AM</u> DAYS
	<u>1810 Discharge</u>			RETURN IF SYMPTOMS GET WORSE <u>✓</u>
				RX PRESCRIBED <u>Hypoglycemia</u> <u>Diabetes Sheet continue</u> <u>Monitoring Blood Sugar</u>
				RELEASED AMA <u>✓</u> WBS TIME OUT: <u>1815</u>
				ADMITTED TO: _____ TRANSFERRED TO: _____
				CONDITION ON DISCHARGE/TRANSFER: _____
				ED PHYSICIAN NAME & SIGNATURE <u>[Signature]</u>



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**Lake Hospital  
System**

Page 1 of 2

**EMERGENCY PHYSICIAN RECORD**

**Altered Mental Status (5)**

TIME SEEN: 1640 ROOM: 15 EMS Arrival  
HISTORIAN: patient spouse paramedics  
HX / EXAM LIMITED BY:

**HPI chief complaint:** Decreased Mental Status / Confusion  
Low Blood Sugar / Diabetic Fever

**started:** PTA gradual-onset  
sudden-onset  
intermittent  
constant  
gone now better continues in ED

**character of altered mental status:**

disoriented confused agitated trouble concentrating  
unresponsive decreased responsiveness seizure activity

Found at parking lot at work

**context:**

nursing home resident / chronic dementia  
found unresponsive / unknown duration  
by nursing home staff family:  
dextrostick low PTA (25) given D50 / Narcan PTA  
good / marginal / no response  
recent / heavy alcohol intake (beer / wine / liquor)  
last drink:  
drug abuse / overdose

Usually- alert, oriented x3 alert but confused  
alert but disoriented to time poor alertness

**associated neuro symptoms:**

new weakness  
• RUE RLE LUE LLE R/L facial general (diffuse)

altered sensation  
• RUE RLE LUE LLE R/L facial

falling / decreased ability to stand/walk  
• weak difficult off balance cannot walk cannot stand

involuntary movements / seizure activity

Usually- walks w/o assistance uses wheelchair  
uses a cane / walker stands for transfers  
walks only w/ assistance bed-ridden  
unable to walk unable to sit up

Similar symptoms previously

Recently seen/treated by doctor

COXON, JOSEPH

Acct: 0133900701 Unit #: 936243

BD: 10/11/75 26Y Sex: M

Dr: DAHER, ANTHONY

ADM DATE: 12/05/01

WER

ROS  
CONST  
fever

NEURO  
headache  
head injury  
dizziness

CHEST  
chest pain  
palpitations  
cough  
sputum  
trouble breathing

ENDOCRINE (if diabetic)

change in diet / activity / insulin

EYES-ENT

trouble w/ vision  
sore throat  
trouble swallowing

GI and GU

nausea  
vomiting  
abdominal pain  
diarrhea  
black/bloody stools  
trouble urinating

SKIN & LYMPH & MS

skin rash / swelling  
joint pain  
back / neck pain

all systems neg. except as marked

**PAST HISTORY** negative

diabetes insulin oral / diet angina / MI / CHF  
seizure disorder AIDS/HIV  
stroke / TIA asthma / COPD  
hepatitis / cirrhosis hypertension  
other problems GI bleeding  
high cholesterol

**Surgeries:**

CABG cholecystectomy  
pacemaker appendectomy  
hysterectomy  
tonsillectomy

**Medications** none see nurses note

ASA ibuprofen acetaminophen

**Allergies** NKDA

see nurses note

**SOCIAL HX** smoker

history of alcoholism

drug abuse

**FAMILY HX** stroke migraines CAD HTN



☒ Nursing Assessment Reviewed. L HR, RR, Temp reviewed.  
**PHYSICAL EXAM** ☒ Alert ☐ Lethargic ☐ Obtunded  
Distress- ☒ NAD ☐ mild ☐ moderate ☐ severe ☐ Seizing / Apneic

COXON, JOSEPH  
:0133900701 Unit #: 936243  
BD:10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

#### HEENT

☒ no apprnt trauma ☐ scleral icterus / pale conjunctivae  
☒ ENT inspectn nml ☐ deprsd gag reflex / poor handling of secretns  
☒ pharynx nml ☐ pharyngeal erythema / exudate  
☒ airway intact ☐ TM erythema/dullness/blood  
☐ tenderness/swelling/echymosis

#### NEURO/PSYCH

##### higher functions

☒ alert ☐ abnormal response to commands  
☒ oriented x3 ☐ no response eyes open slow inappropriate  
☒ mood/affect nml ☐ abnormal response to pain  
☐ withdraws flexor extensor none

☐ aphasic expressive / receptive  
☐ disoriented to time / place / person

#### cranial nerves-

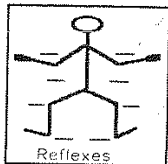
☒ normal as tested ☐ facial palsy (R / L)  
☒ pupils equal, round, and reactive ☐ forehead: involved spared  
☒ EOM's intact ☐ tongue deviation (to R / L)  
☐ EOM palsy ☐ unequal pupils  
☐ R pupil mm L pupil mm  
☐ abnormal fundoscopic / papilledema

#### cerebellar-

☒ normal as tested ☐ abnormal Romberg / gait / finger-nose test

#### peripheral exam-

☒ no motor deficit ☐ weakness / hemiparesis / hemiplegia / dyspraxia  
☒ no sensory deficit ☐ pronator drift (RUE / LUE)  
☒ reflexes nml ☐ altered light-touch / pin-prick / 2-pt discrimin.



#### NECK

☒ supple ☐ cerv. lymphadenopathy  
☒ non-tender ☐ stiff neck / meningismus  
☐ carotid bruit

#### RESPIRATORY

☒ no resp. distress ☐ resp. distress  
☒ breath sounds nml ☐ wheezing  
☐ rales / rhonchi

#### CVS

☒ reg. rate, rhythm ☐ tachycardia / bradycardia / irreg. irreg. rhythm  
☒ heart sounds nml ☐ JVD present  
☐ murmur grade /6 sys / dias  
☐ gallop (S3 / S4)  
☐ decreased pulse(s)

#### ABDOMEN

☒ non-tender ☐ guarding  
☒ no organomegaly ☐ hepatomegaly / splenomegaly / mass

#### SKIN

☒ color nml, no rash ☐ cyanosis / diaphoresis / pallor  
☒ warm, dry ☐ skin rash

#### EXTREMITIES

☒ non tender ☐ pedal edema  
☒ normal ROM ☐ tenderness  
☒ no pedal edema

Altered Mental Status-45

#### LABS, XRAYs, and PROGRESS:

**EKG MONITOR STRIP** ☐ NSR ☐ Rate

**EKG** ☒ NML ☐ Interp. by me. ☐ Reviewed by me Rate  
☐ NSR ☐ nml intervals ☐ nml axis ☐ nml QRS ☐ nml ST/T

not / changed from:

**CXR** ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist  
☐ nml/NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum

not / changed from:

CBC	Chemistries	ABG's	UA
normal except	normal except	time:	normal except
WBC	Gluc 126	L O2 RA	WBC
Hgb	BUN 25	pH	RBC's
Hct	Creat 1.6	pCO2	bacteria
Platelets	Na 139	pO2	dip:
segs	K 3.6	<b>PULSE OX</b>	
bands	Cl 100	time: 8.3	
lymphs	CO2 28	% sat	
monos	Anion Gap 11		

Head CT ☐ nml

**Treatment** IV D50 / IV Narcan Thiamine IV / IM IV Fluids

Intubated ☐ by ED Physician ☐ pre-oxygenated  
☐ versed / valium / ativan ☐ pavulon ☐ succinyl choline ☐ vecuronium  
# ☐ nasal / oral ☐ breath snds equal ☐ position confmd on CXR

Time ☐ unchanged ☐ improved ☐ re-examined

*Course in ED*  
*St. Dugave*  
*TX*

Discussed with Dr. ☐ CRIT CARE- 30-74 min  
will see patient in: office / ED / hospital 75-104 min  
Counseled patient / family regarding: ☐ Prior records ordered  
lab results diagnosis need for follow-up ☐ Additional history from:  
Rx given ☐ Admit orders written family caretaker paramedics

#### CLINICAL IMPRESSION:

Confusion Stupor Coma	Intracerebral / Subarachnoid Bleed
Chronic Dementia	Subdural / Epidural Hematoma
Hypoglycemia / Insulin Reaction	Seizures / Post-ictal state
Hypernatremia / Hyponatremia	CVA (Stroke) / T. I. A.
Volume Depletion	Sepsis / Meningitis / Encephalitis
Overdose / Substance Abuse	Urinary Tract Infection / Pneumonia
Alcohol Intoxication	Hepatic Encephalopathy

**DISPOSITION-** ☒ home ☐ admitted ☐ transferred  
**CONDITION-** ☐ unchanged ☒ improved ☐ stable

*[Signature]* PA  
MD / DO



TIME IN: 1640  
TRIAGE TIME: 1640  
TIME TO ROOM: 1640

DATE: 12-5-01  
**LAKE HOSPITAL SYSTEM — EMERGENCY DEPARTMENT — TRIAGE ASSESSMENT**  
EAST - 10 East Washington, Painesville, OH 44077 (440) 354-1685 • WEST - 36000 Euclid Ave., Willoughby, OH 44094 (440) 953-6003

Tx PTA <input type="checkbox"/> None	REGULAR MD/CLINIC <u>Dr. Sherr</u>	<input type="checkbox"/> POLICE NOTIFIED	NAME	AGE
<input type="checkbox"/> O2	<input type="checkbox"/> EMERGENT <input type="checkbox"/> URGENT <input type="checkbox"/> SEMI URGENT <input type="checkbox"/> NON URGENT			
<input type="checkbox"/> ETT/AIRWAY				
<input type="checkbox"/> MONITOR	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> W/C <input type="checkbox"/> AMBULANCE <input type="checkbox"/> POLICE			
<input type="checkbox"/> CC/BB/HB	BR <u>100/71</u>	P <u>99</u>	RR <u>20</u>	T <u>100</u>
<input type="checkbox"/> SPLINT	HOME O2 NO <input type="checkbox"/> YES <input type="checkbox"/> LPM H.C.			
<input type="checkbox"/> OTHER				
<input type="checkbox"/> IV	WEIGHT: STATED <u>230</u> ACTUAL <u>230</u> <input type="checkbox"/> LBS <input type="checkbox"/> KG			
Pt: COXON, JOSEPH Acct: 0133900701 Unit #: 936243 BD: 10/11/75 26Y Sex: M Dr: DAHER, ANTHONY ADM DATE: 12/05/01 WER				

CHIEF COMPLAINT: low BS BS 25 and 2nd stage 118  
lamp 250 per square

HISTORY OF PRESENT ILLNESS/INJURY: DM

MEDICATIONS/DOSAGE	NONE <u>lanibose</u>	N/A	YES	NO	AMOUNT
<u>35 units lanibose QHS</u>		ETOH			
<u>18 units Humulin R</u>		TOBACCO			
<u>TIO meals</u>		DRUGS			

FOOD/DRUG ALLERGIES	NONE	TETANUS	<input type="checkbox"/> <5 YRS.	<input type="checkbox"/> >5 YRS.
KNOWN		IMMUNIZATIONS	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> LTD

PAST MEDICAL HISTORY: ☐ HEART ☐ LUNG ☐ KIDNEY ☒ DIABETES ☐ SEIZURES ☐ HTN ☐ OTHER

**RELEVANT REVIEW OF SYSTEMS: CIRCLE N/A (If Not Applicable)**

<b>MENTAL STATUS</b>	YES	NO
ALERT		
ORIENTED TO PERSON		
ORIENTED TO PLACE		
ORIENTED TO TIME		
<b>NEURO</b>	<u>N/A</u>	YES NO
HEADACHE		
LOSS OF CONSCIOUSNESS		
PERRL		
MOTOR IMPAIRMENT		
SENSORY IMPAIRMENT		
<b>GLASCOW COMA SCALE</b>	<u>N/A</u>	SCORE
1. EYE OPENING RESPONSE		
4 = Spontaneous		
3 = To Voice		
2 = To Pain		
1 = None		
2. BEST VERBAL RESPONSE		
5 = Oriented		
4 = Confused		
3 = Inappropriate Words		
2 = Incomprehensible		
1 = None		
3. BEST MOTOR RESPONSES		
6 = Obeys Command		
5 = Purposeful Move		
4 = Withdrawn		
3 = Flexion		
2 = Extension		
1 = Flaccid		
SCORE TOTAL		

<b>EYE</b>	<u>N/A</u>	YES NO
BLURRING		
PHOTOPHOBIA		
DRAINAGE		
VISUAL ACUITY:	UNABLE GLASSES/CONTACTS	
OD	OS	OU

<b>LACERATION/WOUND</b>	<u>N/A</u>
LOCATION	
DESCRIPTION / SIZE	
DRAINAGE	YES NO
ACTIVE BLEEDING	
DRESSING	
DISTAL NEURO INTACT	
DISTAL PULSE PRESENT	
<b>HEART &amp; LUNGS</b>	<u>N/A</u> YES NO
BREATH SOUNDS PRESENT	
ABNORMAL	
DYSPNEIC	
DIAPHORETIC	
COUGH	
SKIN COLOR WNL	
<b>GI / ABD</b>	<u>N/A</u> YES NO
NAUSEA / VOMITING	
LOSS OF APPETITE	
DIARRHEA	
BOWEL SOUNDS WNL	
LAST BM	
<b>GU</b>	<u>N/A</u> YES NO
FREQUENCY	
HEMATURIA	
DYSURIA	
INCONTINENCE	
RETENTION	

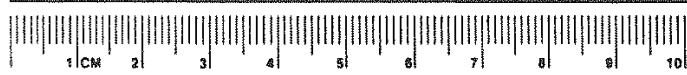
INFORMATION PROVIDED BY:

☐ PATIENT ☐ PARENT

☐ OTHER

<b>PAIN</b>	<u>N/A</u>	
SEVERITY: 0 1 2 3 4 5 6 7 8 9 10		
LOCATION		
DURATION		
RADIATION		
QUALITY / DESCRIPTION		
<b>GYN</b>	<u>N/A</u> YES NO	
LMP		
NORMAL		
BLEEDING		
VAG. DISCHARGE		
POSS. PREGNANT		
GRAVIDA	PARA	AB
<b>ORTHO</b>	<u>N/A</u> YES NO	
LOCATION		
DEFORMITY		
SWELLING		
DISTAL PULSE PRESENT		
DISTAL NEURO PRESENT		
SPLINT / SLING		

INIT.	SIGNATURES
<u>Dr. Sherr</u>	<u>Dr. Sherr</u>





DATE 12-5-01.

NAME \_\_\_\_\_ AGE \_\_\_\_\_

Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

M.R. # \_\_\_\_\_

PAGE OF

[illegible]



VITAL SIGNS						VITAL SIGNS						POSTURALS		
TIME	BP	P	RR	T	SpO2	TIME	BP	P	RR	T	SpO2	TIME	BP	PULSE
												LYING		
												DANGLING		
												STANDING		

TIME	NURSES NOTES
1640	PT to Room 15 via Squad A & 3 amb to be seen
1645	Dr. C. at bedside - HL - stable - lab's drawn & sent
1645	BGM - 133
1745	PT docile + milk + keeps OS down
1815	IV D/L intact PT dis. changed Dr. - intact PT voided urine clipped mouth placed on chest

INTAKE				OUTPUT					
TIME	ORAL	IV	INFUSED	TIME	URINE	NG	EMESIS	OTHER	TOTAL INTAKE
									TOTAL OUTPUT
TOTAL				TOTAL					

## DISPOSITION

ADMIT      TRANSFER      DISCHARGE      AMA      LWBS  
DESTINATION \_\_\_\_\_ TIME \_\_\_\_\_  
CONDITION UPON DISPOSITION \_\_\_\_\_

INIT	SIGNATURES
	



Lake Hospital System  
Emergency Department  
Dipstick Urine Test Results

Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

Time: 7:00 ED Bed #          Date         

Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Ph	5	6	7	8	9		
Leukocytes	NEG	Trace	+	++			
Nitrite	NEG	POS					
Protein	NEG	Trace	30	100	500		
Glucose	NORM		50	100	250	500	1000
Ketones	NEG	Small	MOD	LG			
Urobilinogen	NORM		1	4	8	12	
Bilirubin	NEG	+	++	+++			
Blood	NEG	5-10	50	About 250			
Hemoglobin	NEG	10	50	250			

Signature 

0200-4737



Lake West Hospital  
36000 Euclid Ave.  
Willoughby OH 44094

Madison Medical Campus  
6270 North Ridge Rd.  
Madison, OH 44057

Lake Mentor Urgent Care Center  
6965 Center St.  
Mentor, OH 44060

Lake East Hospital  
10 E. Washington St.  
Painesville, OH 44077

Mentor Medical Campus  
9485 Mentor Ave.  
Mentor, OH 44060

Lake Willowick Urgent Care Center  
30498 Lake Shore Blvd.  
Willowick, OH 44094

MR#: 936243

LOC: WIL

COXON, JOSEPH

ACCT#: 0133900701

BD: 10/11/1975 M

PHYS: DAHER, ANTHONY MD

CUA, WARREN

W8747 COLL: 12/05/2001 UNK REC: 12/05/2001 17:06 PHYS: DAHER, ANTHONY M

## BASIC METABOLIC PAN

GLUCOSE	* 126	[70-105]	MG/DL	STAT
UREA NITROGEN	15	[8-25]	MG/DL	STAT
CREATININE	1.1	[0.9-1.6]	MG/DL	STAT
BUN/CREAT. RATIO	13.6	[8-21]	RATIO	STAT
SODIUM	139	[138-146]	MMOL/L	STAT
POTASSIUM	* 3.6	[3.8-5.1]	MMOL/L	STAT
CHLORIDE	100	[97-107]	MMOL/L	STAT
CARBON DIOXIDE	28	[24-31]	MMOL/L	STAT
ANION GAP	11	[0-16]	MMOL/L	STAT
TOTAL CALCIUM	* 8.3	[8.5-10.4]	MG/DL	STAT

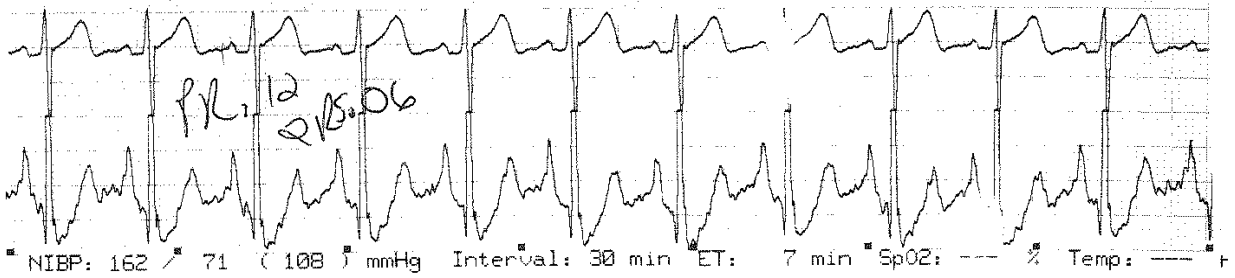
COXON, JOSEPH

DAHER, ANTHONY MD  
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Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

HR(EGG): 97 BPM Resp(EGG II): --- RPM IBP1: --- / --- ( --- ) mmHg





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MR#: 936243

LOC: WIL

COXON, JOSEPH

ACCT#: 0133900701

BD: 10/11/1975 M

PHYS: DAHER, ANTHONY MD

CUA, WARREN

W8747 COLL: 12/05/2001 UNK REC: 12/05/2001 17:06 PHYS: DAHER, ANTHONY M

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COXON, JOSEPH

DAHER, ANTHONY MD  
END OF REPORTPAGE 1  
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**LAKE HOSPITAL SYSTEM  
PATIENT CONSENT FORM (Page 1 of 2)**

Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01 WER

**REQUEST FOR GENERAL TREATMENT**

I request and authorize Lake Hospital System, its employees, my physician and other physicians or allied health professionals as are necessary to provide emergency, outpatient and/or general hospital treatment and care. Further, I authorize the hospital and my physician(s) to permit the presence of observers in my treatment as deemed necessary.

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize Lake Hospital System to release any medical records or medical information necessary to file an insurance claim, to perform quality and utilization assessments, and any medical information which may be requested by my insurance carrier or agencies on their behalf. I authorize the release to other health organizations or professionals such medical information deemed necessary to ensure continuity and quality of care in the event of my transfer to another institution. Further, I authorize release of medical information to a quality assurance or peer review committee or organization, compliance audits, research, marketing, Department of Health, federal and/or state agencies

I wish to receive information about other Lake Hospital System programs. ☐ Yes ☐ No

**ASSIGNMENT OF BENEFITS**

In consideration of medical services to be received for this admission, I assign to Lake Hospital System all, including Title XVII of Social Security Administration, other benefits herein specified. This assignment shall be irrevocable.

**GUARANTEE OF ACCOUNT**

I guarantee payment of any and all hospital charges not covered by insurance or this assignment, including court costs, if appropriate.

**ACKNOWLEDGMENT OF RECEIPT OF MEDICARE/CHAMPUS INFORMATION**

I acknowledge that if I am a Medicare and/or CHAMPUS beneficiary, I have been provided with a notice from Medicare and/or CHAMPUS, regarding my rights as a Medicare and/or CHAMPUS hospital patient.

**PATIENT RIGHTS**

I acknowledge that I have received a copy of "Patients Rights and Responsibilities". ☐ Yes ☐ No

**PERSONAL CHOICES**

I have an Advance Directive - Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a Durable Power of Attorney for Health Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am an Organ Donor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PATIENT BELONGINGS**

Patients are responsible for all money and valuables retained in their possession during their hospital admission or outpatient visit. The hospital is not responsible and accepts no liability for retained belongings including but not limited to money, jewelry, dentures, hearing aids, eye glasses, or other prosthetic devices.



## OBSTETRICS

This consent covers this visit/admission and any subsequent visit/admission relating to this pregnancy.  
I authorize Lake Hospital System to release a birth announcement to local newspapers for publication  
☐ Yes ☐ No

## NON-COVERED SERVICES OR EQUIPMENT

Check Insurance Type: ☐ Medicare ☐ Kaiser ☐ Other \_\_\_\_\_

I understand that the service(s) or equipment checked below are considered to be non-covered by my insurance carrier including Medicare. Because this service/equipment is non-covered, I realize that I will be personally responsible for payment.

### Check appropriate service:

- ☐ Cardiac Rehab Phase III ☐ Durable Medical Equipment  
☐ Pulmonary Rehab Phase III ☐ Mammograms (beyond limitations of coverage)

I HAVE REVIEWED AND CONSENT TO ALL APPLICABLE CLAUSES BY SIGNING BELOW. I UNDERSTAND THE NATURE OF THIS CONSENT AND IT IS REVOCABLE AT ANY TIME.

Signature: [Signature] Relationship to Patient: \_\_\_\_\_  
Witness to the above signature: [Signature] Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Grievance Process:** Should you experience dissatisfaction with your care or services while you are a patient you may call (440) 953-6265 or ext. 6265 to report your concerns. You will be contacted and follow-up on your concerns will occur.

0601-4812

Pt: COXON, JOSEPH  
Acct: 0133900701 Unit #: 936243  
BD: 10/11/75 26Y Sex: M  
Dr: DAHER, ANTHONY  
ADM DATE: 12/05/01  
WER

*Conall  
5933063*

*Joe Coxon  
8120 Dupwood  
2556449  
10-11-75  
LBS  
Kentland School*



Lake West Hospital System - Emergency Department  
36000 Euclid Avenue Willoughby, OH 44094  
(440) 953-6003

Patient: JOSEPH COXON, Date: 12/05/2001 Time: 18:12

M.R. #: 936243 Visit #: 0133900701

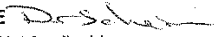
Discharge Instructions

  
Caregiver

No

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should **follow the instructions below.**

You were treated today by Warren Cua, M.D..

**THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE**   
Call as soon as possible to make an appointment in 1 day to see Not Applicable,  
. You can reach Not Applicable at (440) 953-6003. If you have any problems  
before this appointment, call the office.

**THIS INFORMATION IS ABOUT YOUR DIAGNOSIS**

**HYPOGLYCEMIA** (Low Blood Sugar, Insulin Reaction).

Today your blood sugar was **too low**. Low blood sugar may be caused by having too much insulin in your body compared to the food you have eaten. It can also be caused by exercising more than your usual amount. Hypoglycemia can start quickly.

**Do the following:**

- It is important to balance your activity, food and insulin.
- See your doctor. Tell your doctor about this visit, and any other times you have had low blood sugar.
- Watch for symptoms of hypoglycemia. They include:
  - hunger
  - weakness
  - light-headedness
  - shakiness and confusion
- If you feel these symptoms, drink some juice or eat some candy. **Keep candy with you at all times.**

**Call your doctor if you have:**

- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

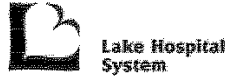
Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

\_\_\_\_\_  
JOSEPH COXON or Responsible Person

JOSEPH COXON or Responsible Person has received this information and tells me that all questions have been answered.





LAKE HOSPITAL SYSTEM  
XR Humerus Right Min 2 Views Results Report

Pt Name: COXON, JOSEPH MRN: 936243  
Pt ID: 2007345015  
DOB: 10/11/1975 Age/Sex 33Y/M

Allergies: Not Assessed

Order Name: Observation Dtime: 09/03/2004 18:37  
Result Name: XR Humerus Right Min 2 Views Result Status: Final Result

LAKE HOSPITAL SYSTEM RADIOLOGY REPORT

Patient Name: COXON, JOSEPH Acct#: 0424701105 Unit#: 936243  
AGE: 28 DOB: 10/11/1975 SEX: M Exam Loc: O/P Ck-in#: 1014872

Order Dt/Tm: Current Loc: WOP  
Check-In Dt/Tm: 09/03/2004 18:37

Report Release Dt/Tm: 09/06/2004 14:07

Ord: 0693 SILVERBLATT, JAMES  
Att: 0693 SILVERBLATT, JAMES Adm: 0693 SILVERBLATT, JAMES  
ID #: 302743160 ID # 2:

Deliver to:  
SILVERBLATT, JAMES 35010 CHARDON RD #101(440)946-4642  
WILLOUGHBY HILL OH 44094

Chk-in #	Order	Exam
1014872	0001	7360 XR HUMERUS RT MIN 2V

Ord Diag: R/O FRACTURE

Technologist : FIFE, R

RIGHT HUMERUS 9/3/04

CLINICAL INFORMATION: ASSAULTED, RIGHT ARM PAIN, NECK PAIN

AP and lateral views of the right humerus were obtained. No acute fracture is identified. There is a surgical screw and wire stabilizing an old olecranon fracture. No soft tissue abnormalities are seen.

CERVICAL SPINE

Eight views of the cervical spine were obtained. No fracture is identified. Alignment is satisfactory. Vertebral body heights and disc space is maintained. There is no prevertebral soft tissue swelling.

IMPRESSION: NEGATIVE RIGHT HUMERUS. NEGATIVE CERVICAL SPINE.

AS/lc

Pt Name: COXON, JOSEPH

MRN: 936243

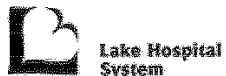
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XR Humerus Right Min 2 Views Results Report

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Printed: 2/24/2009 11:45:49AM





LAKE HOSPITAL SYSTEM  
XR Humerus Right Min 2 Views Results Report

Pt Name: COXON, JOSEPH MRN: 936243  
Pt ID: 2007345015  
DOB: 10/11/1975 Age/Sex 33Y/M

Allergies: Not Assessed

Order Name: Observation Dtime: 09/03/2004 18:37  
Result Name: XR Humerus Right Min 2 Views Result Status: Final Result

/READ BY/ 1345 SCHARF, AND  
/Released By/ 0711 ADRIAN G KRUDY, Radiologi

CWIOK, LINDA L

Original Trans. Start Dt/Tm: 09/06/2004 06:37

The radiologist noted as RELEASED BY may not be the radiologist who interpreted the films. This radiologist may only be releasing the report for printing according to hospital protocol.

Report Produced by Conversion From Star  
Page :1

Pt Name: COXON, JOSEPH

MRN: 936243

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XR Humerus Right Min 2 Views Results Report

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Printed: 2/24/2009 11:45:49AM

0031





Lake Hospital  
System

LAKE HOSPITAL SYSTEM  
XR Humerus Right Min 2 Views Results Report

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Pt Name:	COXON, JOSEPH	MRN:	936243
Pt ID:	2007345015		
DOB:	10/11/1975	Age/Sex	33Y/M

Allergies: Not Assessed

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Comments

Result Comments:

Requisition Comments:

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Ordering Dr:

Order Date/Time:

Ord#/Occurrence#: /

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Pt Name: COXON, JOSEPH

MRN: 936243

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XR Humerus Right Min 2 Views Results Report

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Printed: 2/24/2009 11:45:49AM

0032





Lake Hospital  
System

LAKE HOSPITAL SYSTEM  
XR Spine Cervical Min 4 Views Results Report

Pt Name: COXON, JOSEPH MRN: 936243  
Pt ID: 2007345015  
DOB: 10/11/1975 Age/Sex 33Y/M

Allergies: Not Assessed

Order Name: Observation Dtime: 09/03/2004 18:37  
Result Name: XR Spine Cervical Min 4 Views Result Status: Final Result

LAKE HOSPITAL SYSTEM RADIOLOGY REPORT

Patient Name: COXON, JOSEPH Acct#: 0424701105 Unit#: 936243  
AGE: 28 DOB: 10/11/1975 SEX: M Exam Loc: O/P Ck-in#: 1014872  
Current Loc: WOP  
Order Dt/Tm: Check-In Dt/Tm: 09/03/2004 18:37  
Report Release Dt/Tm: 09/06/2004 14:07  
Ord: 0693 SILVERBLATT, JAMES  
Att: 0693 SILVERBLATT, JAMES Adm: 0693 SILVERBLATT, JAMES  
ID #: 302743160 ID # 2:  
Deliver to:  
SILVERBLATT, JAMES 35010 CHARDON RD #101(440) 946-4642  
WILLOUGHBY HILL OH 44094

Chk-in #	Order	Exam
1014872	0001	7250 XR CERVICAL SPINE, MIN 4V

Ord Diag: R/O FRACTURE

Technologist : FIFE, R

RIGHT HUMERUS 9/3/04

CLINICAL INFORMATION: ASSAULTED, RIGHT ARM PAIN, NECK PAIN

AP and lateral views of the right humerus were obtained. No acute fracture is identified. There is a surgical screw and wire stabilizing an old olecranon fracture. No soft tissue abnormalities are seen.

CERVICAL SPINE

Eight views of the cervical spine were obtained. No fracture is identified. Alignment is satisfactory. Vertebral body heights and disc space is maintained. There is no prevertebral soft tissue swelling.

IMPRESSION: NEGATIVE RIGHT HUMERUS. NEGATIVE CERVICAL SPINE.

AS/lc

Pt Name: COXON, JOSEPH

MRN: 936243





Lake Hospital  
System

LAKE HOSPITAL SYSTEM  
XR Spine Cervical Min 4 Views Results Report

---

Pt Name: COXON, JOSEPH MRN: 936243  
Pt ID: 2007345015  
DOB: 10/11/1975 Age/Sex 33Y/M

Allergies: Not Assessed

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Order Name: Observation Dtime: 09/03/2004 18:37  
Result Name: XR Spine Cervical Min 4 Views Result Status: Final Result

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/READ BY/ 1345 SCHARF, AND  
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CWIOK, LINDA L

Original Trans. Start Dt/Tm: 09/06/2004 06:37

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Pt Name: COXON, JOSEPH

MRN: 936243

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XR Spine Cervical Min 4 Views Results Report

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0034





LAKE HOSPITAL SYSTEM  
XR Spine Cervical Min 4 Views Results Report

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Pt Name:	COXON, JOSEPH	MRN:	936243
Pt ID:	2007345015		
DOB:	10/11/1975	Age/Sex	33Y/M

Allergies: Not Assessed

---

Comments

Result Comments:

Requisition Comments:

---

Ordering Dr:

Order Date/Time:

Ord#/Occurrence#: /

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Pt Name: COXON, JOSEPH

MRN: 936243

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XR Spine Cervical Min 4 Views Results Report

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